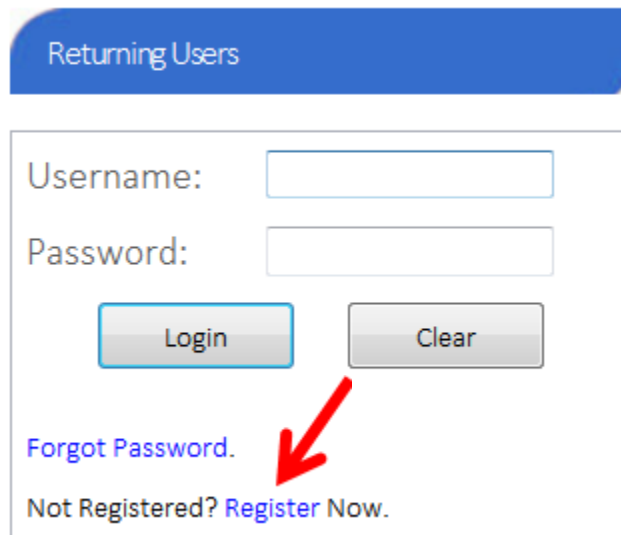


Instructions for Registration and VFC Enrollment

Please click the link below:

<https://www.contactkswebiz.info/emrlogin.asp>

1. Click Register



Returning Users

Username:

Password:

Login Clear

[Forgot Password.](#)

Not Registered? [Register Now.](#)

****Note:**

- If you are a health department that has already registered, please login with your username and password.
- When registering, please keep in mind that your iV-4 Primary Contact can be different than your Primary VFC Coordinator.
- Once you are registered as a user in iV-4 you can also utilize the support ticket function. If you have questions regarding this function you may contact Brittany Ersery at bersery@kdheks.gov.

2. Click on Vaccines for Children to begin your 2015 Enrollment



What to expect

The system will guide you through several steps to collect information necessary to complete enrollment. You may logout at any time after completing a step. **Be sure to complete the step you are on before logging out to save the information you entered.** When you log back in, the system will prompt you to continue where you left off.

Information Collected during Enrollment

Clinic's Physical Location

Shipping Address

Medical Director (or other prescribing provider acting as signatory on the VFC Provider Agreement)

VFC Vaccine Coordinators – You will need to provide the following information about these individuals:

1. Primary Vaccine Coordinator
 - a. Name (Last, First)
 - b. Contact Information: Phone and email
 - c. Declare if they have completed 2015 annual online VFC trainings provided by CDC (**Please Note: Annual trainings must be completed for 2015**)
 - I. [Vaccines For Children \(VFC\)-2015](#)
 - II. [Vaccine Storage and Handling-2015](#)
2. Backup Vaccine Coordinator
 - a. Name (Last, First)
 - b. Contact Information: Phone and email
 - c. Declare if they have completed 2015 annual online VFC trainings provided by CDC (**Please Note: Annual trainings must be completed for 2015**)
 - I. [Vaccines For Children \(VFC\)-2015](#)
 - II. [Vaccine Storage and Handling-2015](#)
3. **Vaccine Profile** – Population Served *by this clinic* (**Please see VFC Category Patient Count Report attachment**)
4. **Source of data** used to complete the Vaccine Profile
5. **Provide the following information for all prescribing providers in the clinic:**
 - a. Name (Last, First)
 - b. Title
 - c. Specialty
 - d. Medical License
 - e. Medicaid or National Provider Identification Number
 - f. Tax ID (EIN – this is optional)

The information you enter will automatically populated the 2015 VFC Provider Agreement for your clinic. After all information is entered, the prepopulated agreement will be available for download.

To Complete Enrollment

1. Download the VFC Provider Agreement
2. Have the signatory you indicated sign the agreement.
3. Submit the signed agreement to the VFC Program for approval.
4. Submit training certificates for all required CDC trainings for both the Primary and Backup VFC Vaccine Coordinators.

Available Submission Methods

1. **Electronic Submission - *Recommended***

You may submit the signed VFC Provider Agreement and Training Certificates by uploading electronic copies of each. This is recommended and may reduce the time to approve your annual enrollment.

2. **Fax** – Fax the signed VFC Provider Agreement and Training Certificates to . . .

855-VX-ORDER (855-896-7337)

Fax: 785-296-6510

At any time during your registration and/or enrollment process, you may contact KIP at 855-896-7337 or email vaccine@kdheks.gov.